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2-3-03

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/842,559
		Filing Date	April 25, 2001
		First Named Inventor	Mark Rumer
		Group Art Unit	2663
		Examiner Name	Min Jung
Total Number of Pages in This Submission	105	Attorney Docket Number	5166P008

RECEIVED
OCT 28 2002

ENCLOSURES (check all that apply)		Technology Center 2000
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<div style="border: 1px solid black; padding: 5px;">Copy of six (6) references; Return Postcard</div>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Raul D. Martinez, Reg. No. 46,904 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Raul D. Martinez</i>
Date	October 18, 2002

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Box IDS, Assistant Commissioner for Patents, Washington, D.C. 20231 on: October 18, 2002			
Typed or printed name	Lillian E. Rodriguez		
Signature	<i>Lillian E. Rodriguez</i>	Date	October 18, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 09/842,559
Filing Date April 25, 2001
First Named Inventor Mark Rumer
Examiner Name Min Jung
Group/Art Unit 2663
Attorney Docket No. 5166P008

METHOD OF PAYMENT (check one)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☒ None
☐ Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	201	740	370	Utility filing fee	
106	206	330	165	Design filing fee	
107	207	510	255	Plant filing fee	
108	208	740	370	Reissue filing fee	
114	214	160	80	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims 13 - 20** = 0 X 18.00 = \$0.00
Independent Claims 3 - 3** = 0 X 84.00 = \$0.00
Multiple Dependent

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	203	18	9	Claims in excess of 20	
102	202	84	42	Independent claims in excess of 3	
104	204	280	140	Multiple Dependent claim, if not paid	
109	209	84	42	**Reissue independent claims over original patent	
110	210	18	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0.00

**or number previously paid, if greater. For Reissues, see below

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	205	130	65	Surcharge - late filing fee or oath	
127	227	50	25	Surcharge - late provisional filing fee or cover sheet	
139	139	130	130	Non-English specification	
147	147	2,520	2,520	For filing a request for ex parte reexamination	
112	112	920 *	920 *	Requesting publication of SIR prior to Examiner action	
113	113	1,840 *	1,840 *	Requesting publication of SIR after Examiner action	
115	215	110	55	Extension for reply within first month	
116	216	400	200	Extension for reply within second month	
117	217	920	460	Extension for reply within third month	
118	218	1,440	720	Extension for reply within fourth month	
128	228	1,960	980	Extension for reply within fifth month	
119	219	320	160	Notice of Appeal	
120	220	320	160	Filing a brief in support of an appeal	
121	221	280	140	Request for oral hearing	
138	138	1,510	1,510	Petition to institute a public use proceeding	
140	240	110	55	Petition to revive - unavoidable	
141	241	1,280	640	Petition to revive - unintentional	
142	242	1,280	640	Utility issue fee (or reissue)	
143	243	460	230	Design issue fee	
144	244	620	310	Plant issue fee	
122	122	130	130	Petitions to the Commissioner	
123	123	50	50	Processing fee under 37 CFR 1.17(q)	
126	126	180	180	Submission of Information Disclosure Stmt	
581	581	40	40	Recording each patent assignment per property (times number of properties)	
146	246	740	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	740	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	740	370	Request for Continued Examination (RCE)	
169	169	900	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Raul D. Martinez Registration No. (Attorney/Agent) 46,904 Telephone (310) 207-3800
Signature Raul D. Martinez Date 10/18/02

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